



Department of Health Services - State of Wisconsin Town Hall Results

Long-Term Care (from Providers)

Phyllis

What could the Department of Health Services improve?

I have received referrals as a nurse provider from Community Care of Central WI for people who have Medicaid. Working with CCCW has been much more easier and efficient than working with the offices in Madison.

Do you have any cost savings suggestions for the Department of Health Services?

More efficiency and easier communications in Madison with providers of care service and people who are on Medicaid.

Anonymous

What could the Department of Health Services improve?

Understanding End of Life Choices--- Save big dollars. There is a need to teach the public: understanding the end of life there is so much done for those who don't want it. CPR: given too often and to those who don't want it anyway. Basic meds and other forms of treatment to prevent the need to intervene in a crisis and having to give CPR and resuscitation. Promote Living Wills (Children's Hospital is a great example on the proper use of them for families) Different levels of Nursing. LPN basic level of skill, RN 2 yr program higher level, BSN 4 yr program: involves management skillsIndependent Care requires more monitoring and audits. A lot of the LPN's have a lack of work ethic and supervision, LPN's are currently regulated by State License only and need more supervision and accountability. Currently there is no form of reporting or auditing to correct the LPN's medical errors or mistakes. The lack of nurses causes the individuals/families that need them to be at the mercy of any independent LPN that is caring for them. Examples of LPN abuse: Parents are not allowed to see their child's binders of medical information, No documentation, Lack of education/work ethic/will to be able to take action for prevention, Child with feeding tube and a ventilator, i.e.: LPN let the child sit in the high chair for over 8 hours. The alert on the machine was sounding off a ½ prior before the case manager RN arrived and the LPN found it to be ok to turn off the alarm and did not try to correct the issue. The child was having trouble breathing and all that needed to be done was to have the tube of the ventilator adjusted. Administering medication without consulting a physician. i.e. a child was given a medication hours before it was supposed it and when the family called the LPN, she asked the family to spell it so that she could Google it and gave them direction. She never once consulted with the doctor to see what steps should be taken. Family's case manger have no say over the work or lack there of the LPN's that are hired independently. Most are not willing to work with the case manager and the family plan only doing what they see fit.â€¢ Issues on LPN's: o Hours are not regulatedo Documentation is not reviewedo They are not supervised by the physician or the case manger .Mandatory Reporting Process is abused by the teachers and school officials .Bullied by the school staff to force a report to be done. Difficulty between the flow process and reality. The trust of families, their lack of resources which prevent them to provide the right environment, medication, or support. Planned Parenthood Cutting this program is not an option. i.e. 11 year old girl pregnant and is from a family where the mother, grandmother and sister were pregnant at a young age. Education needs to continue regarding safe and smart sex. School setting in an open room with staff/students coming in and out is not an appropriate place to talk a 5th grader about her pregnancy School Nursing Program: Every school should have a nurse. Last year there were 4 MPS related deaths and 3 were asthma related. Schools have no space for proper treatment of the students. Lack of privacy and time to properly document each encounter. Principles currently have the final say (over the RN's) they are not medically qualified to base an appropriate decision and they have their own agendas to meet. School RN's are risking their licenses everyday just to do their jobs and keep up with the demand of service required by the students. Dental Access: Frustration in finding a dentist for the children. Case where a teen boy was suffering from a headache and didn't realize that he had an upper tooth abscess and it spread to his brain. Suffered from headaches and he passed away from it. There is a desperate need for dental services for the children. Prevention is important and schools have the captive audience waiting for them

Do you have any cost savings suggestions for the Department of Health Services?

Understanding End of Life Choices--- Save big dollars. There is a need to teach the public: understanding the end of life there is so much done for those who don't want it. CPR: given too often and to those who don't want it anyway. Basic meds and other forms of treatment to prevent the need to intervene in a crisis and having to give CPR and resuscitation. Promote Living Wills (Children's Hospital is a great example on the proper use of them for families) Different levels of Nursing. LPN basic level of skill, RN 2 yr program higher level, BSN 4 yr program: involves management skillsIndependent Care requires more monitoring and audits. A lot of the LPN's have a lack of work ethic and supervision, LPN's are currently regulated by State License only and need more supervision and accountability. Currently there is no form of reporting or auditing to correct the LPN's medical errors or mistakes. The lack of nurses causes the individuals/families that need them to be at the mercy of any independent LPN that is caring for them. Examples of LPN abuse: Parents are not allowed to see their child's binders of medical information, No documentation, Lack of education/work ethic/will to be able to take action for prevention, Child with feeding tube and a ventilator, i.e.: LPN let the child sit in the high chair for over 8 hours. The alert on the machine was sounding off a ½ prior before the case manager RN arrived and the LPN found it to be ok to turn off the alarm and did not try to correct the issue. The child was having trouble breathing and all that needed to be done was to have the tube of the ventilator adjusted. Administering medication without consulting a physician. i.e. a child was given a medication hours before it was supposed it and when the family called the LPN, she asked the family to spell it so that she could Google it and gave them direction. She never once consulted with the doctor to see what steps should be taken. Family's case manger have no say over the work or lack there of the LPN's that are hired independently. Most are not willing to work with the case manager and the family plan only doing what they see fit.â€¢ Issues on LPN's: o Hours are not regulatedo Documentation is not reviewedo They are not supervised by the physician or the case manger .

Mandatory Reporting Process is abused by the teachers and school officials .Bullied by the school staff to force a report to be done. Difficulty between the flow process and reality. The trust of families, their lack of resources which prevent them to provide the right environment, medication, or support. Planned Parenthood Cutting this program is not an option. i.e. 11 year old girl pregnant and is from a family where the mother, grandmother and sister were pregnant at a young age. Education needs to continue regarding safe and smart sex. School setting in an open room with staff/students coming in and out is not an appropriate place to talk a 5th grader about her pregnancy School Nursing Program: Every school should have a nurse. Last year there were 4 MPS related deaths and 3 were asthma related. Schools have no space for proper treatment of the students. Lack of privacy and time to properly document each encounter. Principles currently have the final say (over the RN's) they are not medically qualified to base an appropriate decision and they have their own agendas to meet. School RN's are risking their licenses everyday just to do their jobs and keep up with the demand of service required by the students. Dental Access: Frustration in finding a dentist for the children. Case where a teen boy was suffering from a headache and didn't realize that he had an upper tooth abscess and it spread to his brain. Suffered from headaches and he passed away from it. There is a desperate need for dental services for the children. Prevention is important and schools have the captive audience waiting for them

Steve

What could the Department of Health Services improve?

FAMILY CARE: Reduce the number of nurse care managers. This is frequently duplication with what agencies can provide and with the social work care manager; they do not do any real nursing, and many enrollees do not have complicated medical concerns. One director of nursing and one or two assistants, depending on how large the enrollment base is, would be sufficient to provide the nurse care management consultation. The caseloads for all care managers can be increased. Create single service care managers with very large caseloads-100 or more. When an enrollee gets all or almost all of their services from a single agency such as a CBRF, AFH, or nursing home or just gets home health, personal care, or workshop services, there is little case coordination needed since that is all provided by the agency serving the person. The CM needs to monitor for quality, participate in care planning, and review the services provided. Given this the caseload can be specialized for these types of enrollees and be significantly larger. Sub-capitated arrangements with contract agencies should be tried. Under this arrangement a provider would receive a capitated rate for X number and types of participants and would then have the flexibility to determine the best way to provide and pay for the services. The provider becomes much more of a partner in developing cost effective service strategies. Administrative costs of the MCOs should be defined and limited to a reasonable percentage. The costs of the MCOs keep increasing while provider contracts are reduced. In the long run, there will be many fewer providers and much less consumer choice. Reduce the number of MCOs. Are 11 really needed or would one per DHS region and Milwaukee be sufficient? This would help reduce overhead costs. Reconsider the franchise approach. One system for all MCOs for billing, monitoring and reporting costs, auditing, etc would be cost effective and make it easier for providers to work with multiple MCOs. MCOs need to work with providers and cover reasonable costs. If this does not occur, the number of quality providers will substantially decrease and costs would then have to go up. For some providers where direct care staff is making around \$8.00 per hour, there have been no raises for the last three years. DHS should consider completing the state for Family Care.

This lowers the cost for the current waiver participants and would eliminate sooner the need to maintain the management of a number of HCB Waivers for adults. If funding is an issue, the waitlist could be addressed over a 4 or 5 year period except when more people could be added through attrition. Maintaining two adult LTC systems is very inefficient. Consideration should be given to privatizing the administration and management of Family Care and Partnership. Only a few contract managers would then be needed at the state. Just like EDS does claims for Medicaid because they specialize in this, an experienced managed care management agency could manage Family Care and Partnership. CBRFs should begin at 7. This would allow for AFHs up to six people and reduce costs without impacting quality. Reduce the regulatory burdens on CBRFs, relocation procedures, Personal Care, and the many other provided long-term care services that would help to decrease costs.

A provider, state, consumer, and MCO taskforce could help to determine where this should occur. Better communication between CMs and provider agencies would help improve the program. Providers, participants, guardians, etc need to be very involved in care planning, functional screens, personal care screens, etc. At times these items are performed without anyone involved who really knows the person. In order to capture all of the possible Medicare funding that may be available and use it to offset state Medicaid costs, a model that integrates long-term care and acute and primary care may need to be considered for all participants. It has long been documented that Family Care saves acute and primary funds more than long-term care funds. If this continues to be the case, then gaining more Medicare funds would even be more cost effective while reducing the overall usage and need for acute and primary care. IRIS: ADRCs need to be much better informed about IRIS and make sure all possible Family Care enrollees are fully informed about IRIS. Every ADRC should have at least one staff person who is intimately knowledgeable about IRIS on staff to help those interested in knowing more about and then possibly enrolling in IRIS. Quality monitoring of the ADRCs needs to occur around this. The functional screen process needs to be uniform. There appears to be inconsistency in functional screen outcome for similar participants. For IRIS to work effectively, the functional screen must be very accurate. IRIS enrollees or potential enrollees may need more help to get started or even on an ongoing basis than can be provided by the Independent Consultant (IC).

Private support brokering services should be encouraged in these instances, which may make many potential participants/guardians much more comfortable with IRIS. The cost of the support broker service would come from the participants' IRIS budgets. Periodic review of all IRIS costs should be completed on a regular basis. Creative strategies should be used to reduce the need for higher cost services such as when 24 nursing is authorized but not needed, but a lesser service such as supportive home care or personal care cannot be authorized. There have been frequent comments made about the IRIS Fiscal Agency. A review of the cost effectiveness of this agency is needed. Possibly this service could be provided more efficiently and at less cost. Timeliness with changes can also be a problem. The IRIS program should develop ways for participants to contract with agencies for packages of services. The participant could still terminate the agency if they were not satisfied and go with a different provider. The state would need to help develop agencies that could do this. This package could also include service coordination. This may also give potential participants/guardians more comfort with the IRIS program.

Only agencies that see the participant as a partner could be involved this way. Participants would be better served by a directory of potential provider agencies and by being able to speak directly to provider agencies. IC staff also needs more information about provider agencies. ADRCs: Some costs may be able to be reduced by reviewing the caseloads and the volume of inquiries to the ADRCs. Also a review of how the initial calls are processed, either by an I & A staff person or the receptionist, may lead to a method that would be the most efficient. As noted under IRIS, more knowledge by all ADRC staff about IRIS is needed and at least one staff person is needed who specializes in IRIS. The state should also consider providing more flexibility in the management of the ADRC.

Combining ADRC management with the Aging program or another county agency program may help reduce costs. It is very positive that the remainder of the state is being funded for ADRC services. This will help to support more people choosing IRIS if done right.

Do you have any cost savings suggestions for the Department of Health Services?

None

Andrew

What could the Department of Health Services improve?

(1) Fund services that give the most bang for the buck. (2) Pay enough so that mental health providers can afford to see patients who are covered by state programs and Medicaid in general. Medicaid and state programs pay about 25% of usual and customary rates, reducing my income to slightly more than minimum wage after expenses.

Do you have any cost savings suggestions for the Department of Health Services?

(1) Psychotherapy costs less than psychiatric medication long-term, AND is more effective, according to a large body of research.(2) Psychotherapy reduces other medical expenses, reduces medical and psychiatric hospitalizations, and improves people's ability to get jobs and stay employed.(3) Peer support is an effective service that reduces the amount of medical, psychological, and other treatment that people with serious mental illnesses need.

Christine

What could the Department of Health Services improve?

None

Do you have any cost savings suggestions for the Department of Health Services?

1)Eliminate system redundancies. 1/3 of family care recipients living in nursing homes, CBRF's, AFH's, & RCAC's. Regulations require case management services delivered by the provider in each of these settings. Case management services are also provided by MCO's. Providers and MCO's have an opportunity to work collaboratively. 2)Educate and enforce better ADRC financial screen utilizing all state and federal benefits including VA & long term care utilization. 3)Closer management of auto 30 day orders for disposable medical supplies and DME equipment. Medicaid definition of useful life needs to be revised or providers could be consulted before auto orders are placed. 4)There may be opportunities to centralize MCO functions (billing, contracting, document repository, etc) and realize cost savings.

Angela

What could the Department of Health Services improve?

Family Care becomes a huge waste of money once the member enters assisted living. The necessity for a team (RN,NP,SSC) to manage a members care becomes obsolete because of the support structure already inherent within the assisted living facility. Reconsider the necessity of the 20 bed limit for IRIS funding in a CBRF.

Do you have any cost savings suggestions for the Department of Health Services?

IRIS makes better cost savings sense because you only get what you need to pay for the care. Also, the caps proposed beginning June 2011 should not result in nursing home placement. Nursing home care costs the state \$6000-7000 per month. Assisted living rates are \$2800-4000 per month.

Dan

What could the Department of Health Services improve?

None

Do you have any cost savings suggestions for the Department of Health Services?

Quality residential support services can save millions per year through serving individuals that were previously in institutions. Convene a task force of providers that have successfully transitioned individuals out of your institutions. They know what works and how to save money.

Mike

What could the Department of Health Services improve?

None

Do you have any cost savings suggestions for the Department of Health Services?

Admin and care mgmt expenses for MCO's are unnecessarily high and take away money from direct services. They should be capped at 15%. MCO's have employment specialists on staff who duplicate the work of the Division of Vocational Rehabilitation and Community Rehabilitation Programs like ASPIRO. These positions should be eliminated. Lastly, rescind the revised Prevocational Services definition developed by the DHS Office of Independence and Employment Pathways to Independence. These guidelines restrict consumers from making the informed choice to be employed at a Work Center and place time limits on consumers currently employed in these settings. People with disabilities are worthy of the dignity that comes with earning a regular paycheck regardless of the setting they work in. In developing policy options, we should be guided by the principle of self-determination and informed choice.

John

What could the Department of Health Services improve?

None

Do you have any cost savings suggestions for the Department of Health Services?

Most MCO's have employment specialists-these are positions that all community rehabilitation providers have and the staff are working directly with individuals receiving the services. These positions could be eliminated from the MCO's. Reduce admin costs in MCO's. Allow for larger caseloads for case managers who work for the MCO's. Currently caseloads range in the mid 30's to low 40's with the exception of one MCO that exceeds 50. Provide regulatory relief to long term care providers.

Theresa

What could the Department of Health Services improve?

Allocation of funding.

Do you have any cost savings suggestions for the Department of Health Services?

Eliminate need for a resident/individual to go to nursing home for a different source of money for assistance because family care is not available. This process costs the state more in the long run when it could be handled more efficiently by moving the money not the individual.

Cyndi

What could the Department of Health Services improve?

None

Do you have any cost savings suggestions for the Department of Health Services?

Our group offers a program Rest Assured which offers technology based monitoring through cameras, sensors, and virtual drop in visits adaptable to the needs of the edlerly and developmentally delayed in a home care setting. This could work well in rural areas where staffing is limited as well as working with higher functioning individuals who are able to remain in their homes with minimal cueing and support.

Suzanne

What could the Department of Health Services improve?

Children's Long Term Waiver: 1)Create a tiered system where families can decide what number of hours of intense therapy they feel best serves their child. 2)Investigate the family cost share and the family income to qualify for the LTC waiver. Would increase in copayments or restricted income requirements save the state money? 3)Increase waiting lists for services may save some money but realize it is very stressful for families to receive a diagnosis when they have to wait.4)Reduce hours gradually during the 3rd yr of intensive services to help the family move post intensive phase. 5)Discharge children earlier from post intensive services or do a gradual reduction of hours throughout intensive to post intensive.

Do you have any cost savings suggestions for the Department of Health Services?

None

Rolf

What could the Department of Health Services improve?

None

Do you have any cost savings suggestions for the Department of Health Services?

Transfer people from waiver programs to family care, it could save 13 million over 3-5 years.

Romeo

What could the Department of Health Services improve?

Promote Partnership program.

Do you have any cost savings suggestions for the Department of Health Services?

Families take elders to an elder law attorney and learn how to divest money to family in order to collect LTC payments from Medicaid or FC. States that have eliminated FC programs and reverted to nursing homes have saved huge sums. Other states have actively promoted their LTC partnership programs and are seeing savings as people pay for their own care with LTC ins they purchased because they learned the benefits provided by the partnership program. If the Partnership program were promoted and more WI residents learned of the benefits they would purchase LTC ins. The Medicaid savings would help the budget and allow for the expansion of FC.

Suzanne

What could the Department of Health Services improve?

Continue to educate and train county workers so all of the counties provide the same information to families.

Do you have any cost savings suggestions for the Department of Health Services?

1. These suggestions are for Children's Long-term Waiver, specifically addressing Autism Services Create a tiered system where families can decide what number of hours of intense therapy they feel best serves their child. Keep in mind that research dictates the more hours the greater progress but some children and families cannot tolerate this intense level. Families are pressured to get 20-30 hours a week when they may not want that many hours. 2. Investigate the family cost share and the family income to qualify for the Long term waiver. Would increase in copayments or restricted income requirements save the state money? 3. Increase waiting lists for services may save some money but realize it is very stressful for families to receive a diagnosis and then have to wait. 4. Reduce hours gradually during the 3rd year of intensive service to help the family move into post intensive phase. 5. Discharge children earlier from post intensive services or do a gradual reduction of hours throughout intensive to post intensive such as Year 1 -25 hours Year 2- 20 hours Year 3-15 hours Year 4-10 hours Year 5-5 hours

Wanda

What could the Department of Health Services improve?

None

Do you have any cost savings suggestions for the Department of Health Services?

As a provider I see duplication of effort that is not cost effective. One example relates to family care. When an MCO member is in a long term care setting such as a nursing home, the professionals are tripping over themselves to manage the residents care. Per NH regulation, we have a team of professionals managing their stay and assisting in discharge. In addition, a social worker and a nurse from the MCO are doing essentially the same tasks. The quarterly staffings are attended by the NH team, family, resident, MCO, SW, & RN. These are costly meetings and are a duplication of effort. Another example is related to State and federal regulations. The federal regulations are quite comprehensive. Why does there need to be a companion State regulation? If a facility is cited under the federal regulation why does there need to be a corresponding State deficiency. These are frequently the same language and examples as cited under the federal tag. The violation will be corrected by citing once - twice is time consuming and costly to the State with no improved outcome and it uses valuable resources in staff time and duplicative fines that could be better utilized to improve care to the residents.

Darci

What could the Department of Health Services improve?

None

Do you have any cost savings suggestions for the Department of Health Services?

As a medicaid provider I called Forward Health and asked if our agency could not receive the paper form of the approved PAs or when there is any need for more information the paper form sent out. When an approved PA is sent there is cost of the paper, envelope and stamps. The rep at Forward Health told me that it was automated and they could not grant me my request, but they would put it in their suggestions box. Providers are allowed to download the information off of the Forward Health portal. If all paper PAs were stopped a lot of money could be saved.

Carol

What could the Department of Health Services improve?

Retain Medicaid for low income people especially mother's, children. employee's without insurance, unemployed men. If the amount of support is reduced people will be ill and die to lack of access to care.

Do you have any cost savings suggestions for the Department of Health Services?

Over 10-15 years there could be very gradual reduction in government support. This should be contingent upon increase in employment especially in minority populations.

ARC of Greater Milwaukee

What could the Department of Health Services improve?

Better training for social workers and nurses. Place an emphasis on case management and social and medical assessments.

Do you have any cost savings suggestions for the Department of Health Services?

Keep family care.

Mazen

What could the Department of Health Services improve?

Do not implement the transportation concept in the state. Work with DOT and ask how to implement programs. Get ideas from providers and not logisticare.

Do you have any cost savings suggestions for the Department of Health Services?

The new transportation concept will save the state 15%, current providers are willing to give 15% cost savings.

Susan

What could the Department of Health Services improve?

Without BadgerCare adequately funded people will get sicker, costs will go up and children will die. School nurses see broken bones, abscesses, undiagnosed genetic disorders. People will still go to doctor no matter what, so without coverage, health care costs will go up.

Do you have any cost savings suggestions for the Department of Health Services?

None

bayer

What could the Department of Health Services improve?

begin one point for assessment/intake info and then share that info. Do not waste money re evaluating someone with down syndrome for example their disability will be there year after year there is no cure we do not need re evaluate. Offer some dental care that badger care covers. People need dental care.

Do you have any cost savings suggestions for the Department of Health Services?

see above. One point to gather info and to review info. Share it in an electronic system. Stop re inventing the wheel and wasting time and money to gather the same information.

Bethany

What could the Department of Health Services improve?

Keep medical assistance programs available for people even with the budget issues we are facing, people who are on them, need them!!

Do you have any cost savings suggestions for the Department of Health Services?

Screen people who are on these programs more. Make sure services are being used the way they should be.

Woodall-Thompson

What could the Department of Health Services improve?

Let providers do case management for people they are serving as required by Medicaid if they are the only unit providing long term support.

Do you have any cost savings suggestions for the Department of Health Services?

Reduce duplication in determination of eligibility by accepting DVR, SSDI assessments. Simplify and standardize report requirements and frequency

Tiffany

What could the Department of Health Services improve?

There is no money but we need to shift money around and share the responsibility.

Do you have any cost savings suggestions for the Department of Health Services?

Collect tax on business and professional services, surcharge on incomes, increase sales tax by \$.01, tax multistate and national businesses, increase WI beer tax.

Jeff

What could the Department of Health Services improve?

Consider the Healthy Job Initiative being introduced liked by Murtha & Moulton. Consider the effort of lower regulation of IRIS on quality of care and the potential for fraud.

Do you have any cost savings suggestions for the Department of Health Services?

Streamline the billing process and requirements for MA HMO payers. The requirements are inconsistent and at times require paper filing which is inefficient. Rural areas without internet have trouble verifying eligibility.

Nancy

What could the Department of Health Services improve?

Improve communication between DHS i.e. BQA, Family Care, Medicaid Personal Care. Improve communication between DHS and MCO; MCO and CMU. Improve communication & training at ADRC.

Do you have any cost savings suggestions for the Department of Health Services?

The family care MCO seems to be about making money versus spending dollars wisely. Eliminating layers of management at the MCO level would appear to provide substantial cost savings freeing those dollars to be used for the individuals that need care. Eliminate duplicated services. Align rates for all provider agencies. There appears to be no consistent rates for supportive home care between provider agencies. Self directed supports may be fine for some clients but for others it's a recipe for disaster. Often when a frail elderly person's family is told they have to be in charge of hiring, firing, scheduling, for their parent they will place that individual in a nursing home as the family does not have adequate time to undertake that degree of supervision. There is still need for agency involvement. By eliminating layers of management there may be a way to let the system work more efficiently.

David

What could the Department of Health Services improve?

Continue support of BAL's work on the Wisconsin Coalition for Collaborative Excellence in assisted living. Improved communication between Office of Family Care Implementation and the LTC provider community.

Do you have any cost savings suggestions for the Department of Health Services?

Improve ADRC screening process to best eliminate inappropriate divestiture and ensure appropriate coordination of other benefits like LTC insurance, VA time & attendance, HUD vouchers, etc. Eliminate care plan case management redundancy between provider and MCO. The providers care plan should be adequate.

Jill

What could the Department of Health Services improve?

Reduce costs by ending BadgerCare coverage at age 18.

Do you have any cost savings suggestions for the Department of Health Services?

The draft statewide income maintenance model is a \$33 million dollar cost savings from the current system.

Beth

What could the Department of Health Services improve?

Adult behaviors in adult family homes don't get captured in screening. Rate methodologies make it hard for providers to provide care and have quality workers. Set rates and fair rates are important. Mid contract rate decreases should not be allowed. Rate should not decrease because client is doing better.

Do you have any cost savings suggestions for the Department of Health Services?

None

Kathleen

What could the Department of Health Services improve?

Return the entire bed tax to nursing homes to fund a rate increase. Return the CPE Funds to County nursing homes to ensure their continued operation and therefore, the state's continued qualification for federal match funds. Stop funding new programs but fund current programs adequately.

Do you have any cost savings suggestions for the Department of Health Services?

see above

Lisa

What could the Department of Health Services improve?

None

Do you have any cost savings suggestions for the Department of Health Services?

Eliminate the contract with J&B for incontinence products!! There is NO WAY it is saving money for Wisconsin. Please re-evaluate this contract.

Pamperin

What could the Department of Health Services improve?

I have been an AFH care provider for over 5 years. I lost my client after her parents went with Iris when our county went to family care in July. My husband and I have a beautiful home with 2 openings for special needs adults. I am a full time provider. My question is, if it is less expensive for the state to place clients in AFHs instead of nursing homes why has my home been empty for so long? I would like for DHS to make sure that all people who would enjoy living in an AFH have a chance to do so.

Do you have any cost savings suggestions for the Department of Health Services?

None

Jean

What could the Department of Health Services improve?

These programs should not be cut. They are vital to the health and well-being of WI citizens.

Do you have any cost savings suggestions for the Department of Health Services?

I believe more taxes should be raised from corporations and put toward human needs.

Donna

What could the Department of Health Services improve?

Reimbursement rates for services needed for high needs developmental disability population or we will be pushed back into larger institutional sized residents.

Do you have any cost savings suggestions for the Department of Health Services?

The oversight from Madison (OFCE) has been more micro-management of the MCO's. Let the MCO's run their business rather than the OFCE taking more control. Too much centralization of dept staff, reduce staff at the dept. A centralized information system for all MCO's in Madison OFCE offices is not where the system should reside. MCO's could unify & share existing systems without dept purchase. Admin staff at MCO levels could be reduced if MCO's were structured across broader regions. Provide partnership in all regions as an additional option of choice so we can deliver more care management for those needing integrated primary care, reducing costs of Medicaid programs. More dual eligibility to bring in more federal dollars to the state.

Curtis

What could the Department of Health Services improve?

1)Eliminate cost reporting system & duplications of paperwork. 2)Eliminate the control functions that only serve to hurt providers. 3)Licensure regulation has become excessive. 4)Change the focus of survey process. 5)Use the resources at hand. 6)Shift our focus back to care not administration. 7)The competitive model is not working, change it. 8)Permanent clients.

Do you have any cost savings suggestions for the Department of Health Services?

None

Mike

What could the Department of Health Services improve?

Stop the implementation of the transportation brokerage until the department, consumers, and the provider community can look at additional ways of containing cost.

Do you have any cost savings suggestions for the Department of Health Services?

None

Jay

What could the Department of Health Services improve?

I propose a more simplistic system of direct contracting with the state. The state DHS has in the past initiated direct contracts to individuals, small or large corporations. Removing the costly middle man (Family Care). Guarantee service to all in need, with focus on individual quality service.

Do you have any cost savings suggestions for the Department of Health Services?

None

Peg

What could the Department of Health Services improve?

Improve IRIS infrastructure, info is inconsistent to providers/consumers causing lag time potentially leading to decreased service delivery and decreased quality of life. Be sensitive to the other budget pressures that effect transition age youth and young adults with disabilities. Other budgets effecting these citizens are public special education and county related services.

Do you have any cost savings suggestions for the Department of Health Services?

None

Kitty

What could the Department of Health Services improve?

Simplify application process and remove barriers to application. Collaborate with consumers, providers, case managers and advocates.

Do you have any cost savings suggestions for the Department of Health Services?

Map & streamline enrollment processes to resolve inefficiencies. Involve public health nurses, they know what will be helpful and wasteful. Assure access to contraceptive methods. Invest in making the prenatal care coordination benefit available to all pregnant women on Medicaid. Reinstate provision of early periodic screening, diagnostic and treatment services by public health nurses.

Robert

What could the Department of Health Services improve?

As providers, we feel state government in general is buffeting providers constantly with new regulations, standards and new initiatives while at the same time reducing our funding as expenses for food, health insurance and energy are rising. Case in point, reduction in support for pre-vocational employment and move to community employment. In the long run, this is a good thing, but currently pre-vocational services is being put under a microscope and undervalued and the costs associated with supported employment is high. Who will fund this in the short term until savings from increased employment for those with disabilities is realized? What about providers that invested in facilities that 3 years ago were supported by state staff. At the same time, residential facilities are taking huge cuts or re-organizing homes into larger facilities pushing our independently living movement back 15 years. As we take on new initiatives with additional work and expansion, we do this at a time when staffing has been reduced to save costs. How can less people do increased work and still support individuals properly? Residential providers can tell you about 15% cuts from MCOs and at the same time mandated staff training and regulations multiply to include sprinkling group homes.

Do you have any cost savings suggestions for the Department of Health Services?

The system is sucking up valuable staff time with rate setting negotiations. The MCOs drag out these rate setting meetings for months, wasting valuable time, causing great uncertainty as to what our revenue will be. And then some of us just cut our rates without a negotiation violating a basic tenet of the Family Care system that rates are agreed to by both parties, not summarily set. MCO salaries are of concern. I have had staff come to my agency claiming they were paid by the MCO almost 30% more than I was offering. Another provider told me that the staff that were moving over from her agency to an MCO for a similar position also received substantially increased compensation. I am not sure how the state monitors MCO costs. MCOs seem to be run by people with no background in managed care. They are not doing anything to raise the quality of service, reduce unnecessary institutionalization, reduce falls and other incidents that save money in the long run and improve care. They just seek rate cuts and shift responsibilities like transportation. The goal of Family Care was to find efficiencies and put care under management, we seem to be slipping into putting paperwork under management, but people.

Mark

What could the Department of Health Services improve?

Revisit the 2009 downsizing agreement at South Wisconsin Center and use the savings to fund other long term support systems for people with intellectual and developmental disabilities in the community.

Do you have any cost savings suggestions for the Department of Health Services?

By utilizing existing IDD systems capacity in the private sector, the state can reduce costs at South Wisconsin Center and provide more appropriate services.

Kimberly

What could the Department of Health Services improve?

I don't see any necessary changes

Do you have any cost savings suggestions for the Department of Health Services?

Make drug companies less powerful in this country! Drug companies and medical supply providers make such huge profits! I feel that all providers of health care must protest regarding the lobby power of drug companies. This will lower overall medical costs.

Jordon

What could the Department of Health Services improve?

Get serious about IRIS program, there is a duplication of services in MCO's.

Do you have any cost savings suggestions for the Department of Health Services?

Agrees with caps.

Dave

What could the Department of Health Services improve?

Prior to increasing IRIS funded services, DHS needs to restructure Family Care so that MCO members receive needed services. Rescind the revised prevocational services definition. Revise procedures to ensure that ADRC's are the only entity that administer the LTC functional screen to reduce personnel costs at MCO's. Allow for larger caseload sizes in Family Care. Return IDT's to their full membership. Eliminate positions paid by MCO's previously funded by Pathways grant. Standardize salary and benefits at MCO's. Do not require MCO's to match the experience of the 5 pilot counties. Require all MCO's to maintain no more than 15% case mgmt & admin expenses.

Do you have any cost savings suggestions for the Department of Health Services?

None

Marianne

What could the Department of Health Services improve?

Expand reimbursement for Registered Dietitians to provide medical nutrition therapy.

Do you have any cost savings suggestions for the Department of Health Services?

Registered Dietitians can provide preventative nutrition care, allowing for cost savings.

Mary

What could the Department of Health Services improve?

Adequately fund capitated rates for FamilyCare, IRIS. Decrease utilization of RNs to realistic, needed levels. Also too many social workers for population. A ration of 200:1 patients to workers used to work fine. MCOs are top-heavy.

Do you have any cost savings suggestions for the Department of Health Services?

None

John

What could the Department of Health Services improve?

Concerned about cuts to institutional settings.

Do you have any cost savings suggestions for the Department of Health Services?

More self direction, no wait list.